

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
STANDARD ANNULAR PRESSURE TEST

Operator Ener Vest Operating LLC

State Permit No. 45805

Address 685 East M-32 Ste. 201

USEPA Permit No. MI-137-2D-0278

Gaylord MI 49735

Date of Test 2-4-13

Well Name Charlton A2-31 SWP

Well Type 2D

LOCATION INFORMATION SE Quarter of the NE Quarter of the NW Quarter of Section 31; Range 4W; Township 31N; County Otsego;

Company Representative JAY E. SECORA; Field Inspector \_\_\_\_\_;

Type of Pressure Gauge \_\_\_\_\_ inch face; \_\_\_\_\_ psi full scale; \_\_\_\_\_ psi increments;

New Gauge? Yes ☐ No ☐ If no, date of calibration \_\_\_\_\_

Calibration certification submitted? Yes ☐ No ☐

**TEST RESULTS**

Readings must be taken at least every 10 minutes for a minimum of 30 minutes for Class II, III and V wells and 60 minutes for Class I wells.

For Class II wells, annulus pressure should be at least 300 psig. For Class I wells, annulus pressure should be the greater of 300 psig or 100 psi above maximum permitted injection pressure.

Original chart recordings must be submitted with this form.

5-year or annual test on time? Yes ☒ No ☐

2-year test for TA'd wells on time? Yes ☐ No ☐

After rework? Yes ☐ No ☐

Newly permitted well? Yes ☐ No ☐

*unmitigated  
pressure*

*2/5/13*

Time	Pressure (in psig)	
	Annulus	Tubing
10:10 AM	350#	
10:15	350#	
10:20	350#	
10:25	350#	
10:30	350#	
10:35	351#	
10:40	351#	

Casing size 5.5"

Tubing size 2 7/8"

Packer type Baker AD-1 tension

Packer set @ 1896'

Top of Permitted Injection Zone \_\_\_\_\_

Is packer 100 ft or less above top of \_\_\_\_\_

Injection Zone? Yes ☐ No ☐

If not, please submit a justification.

Fluid return (gal.) 2.5 gals

Comments:

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x 0.03 \_\_\_\_\_ psi  
Test Period Pressure change \_\_\_\_\_ psi

Test Passed ☒ Test Failed ☐

If failed test, well must be shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

I certify under penalty of law that this document and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See 40 CFR 144.32(d))

JAY E SECORA  
Printed Name of Company Representative

[Signature]  
Signature of Company Representative

2-4-13  
Date